

1/15

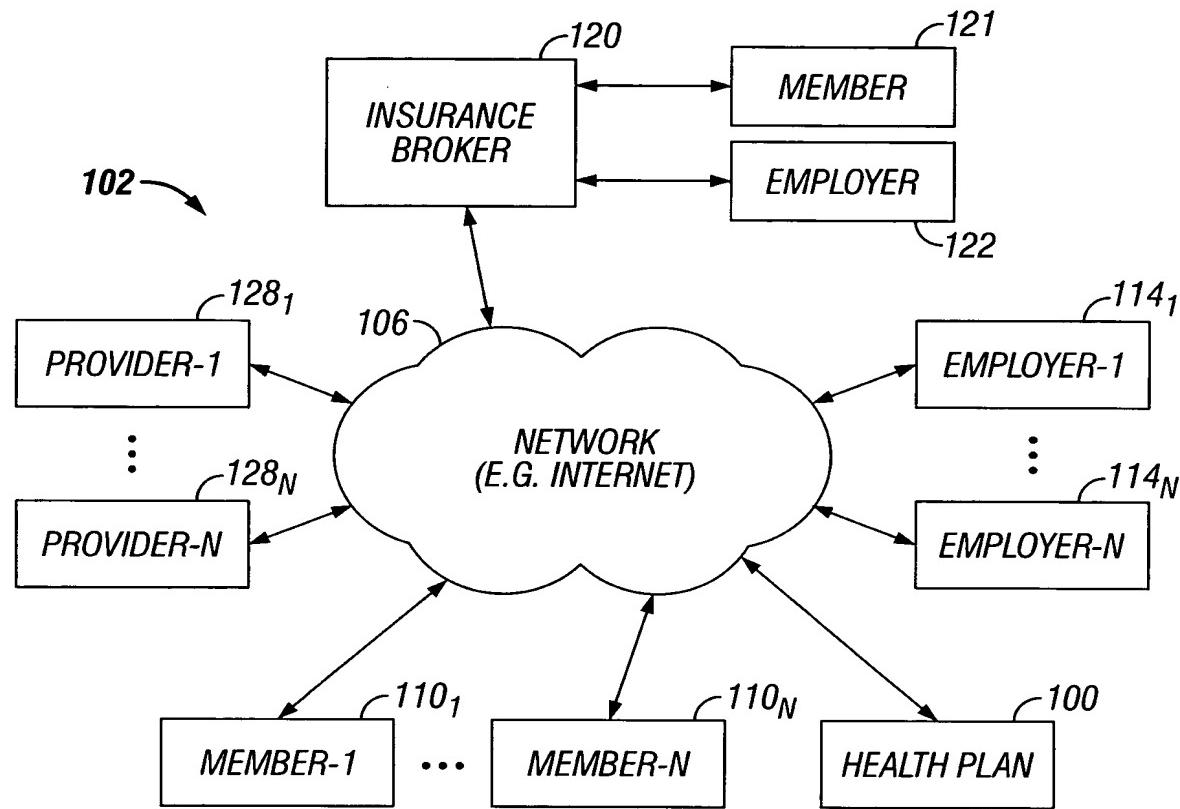


FIG. 1

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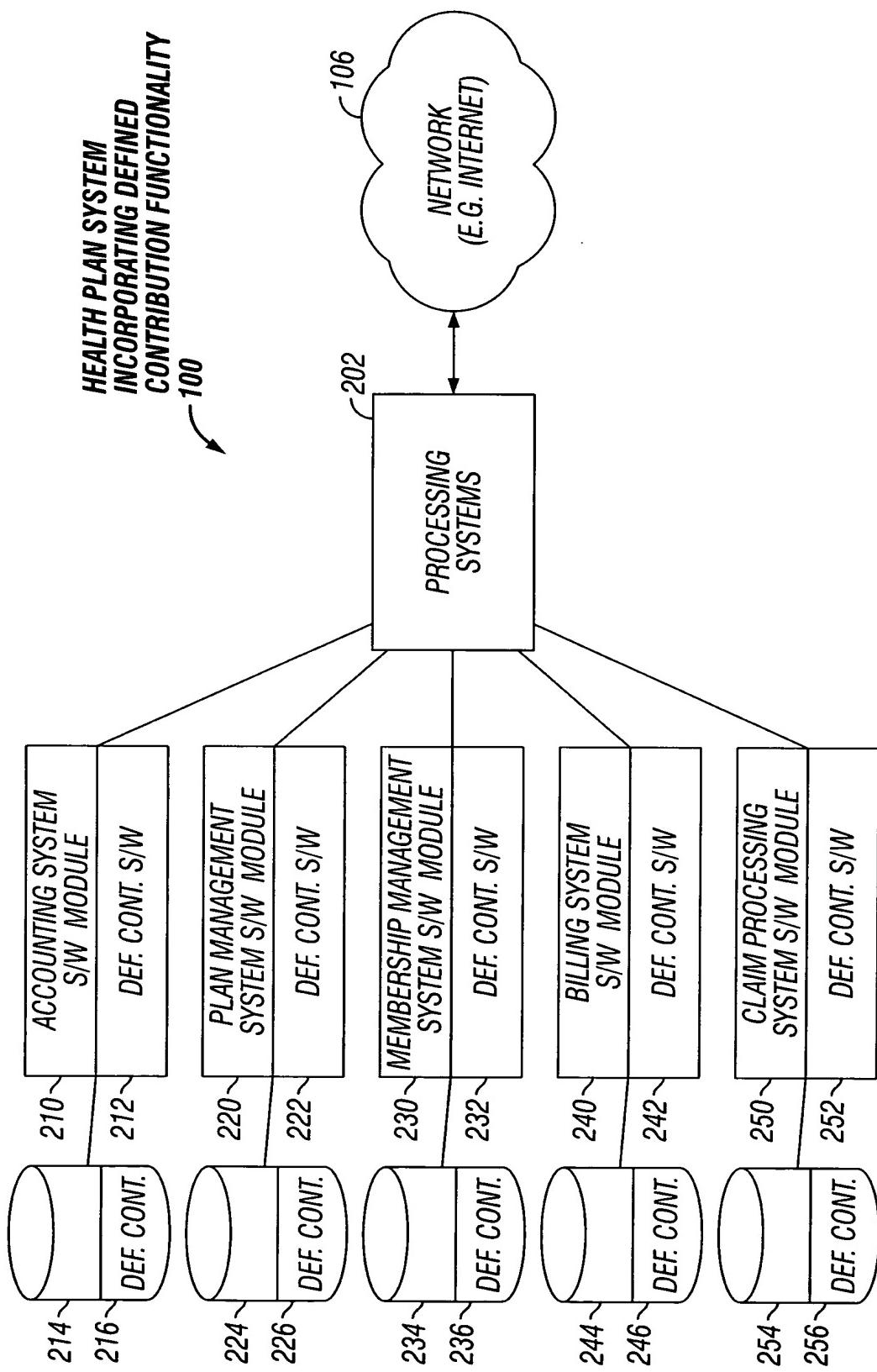


FIG. 2

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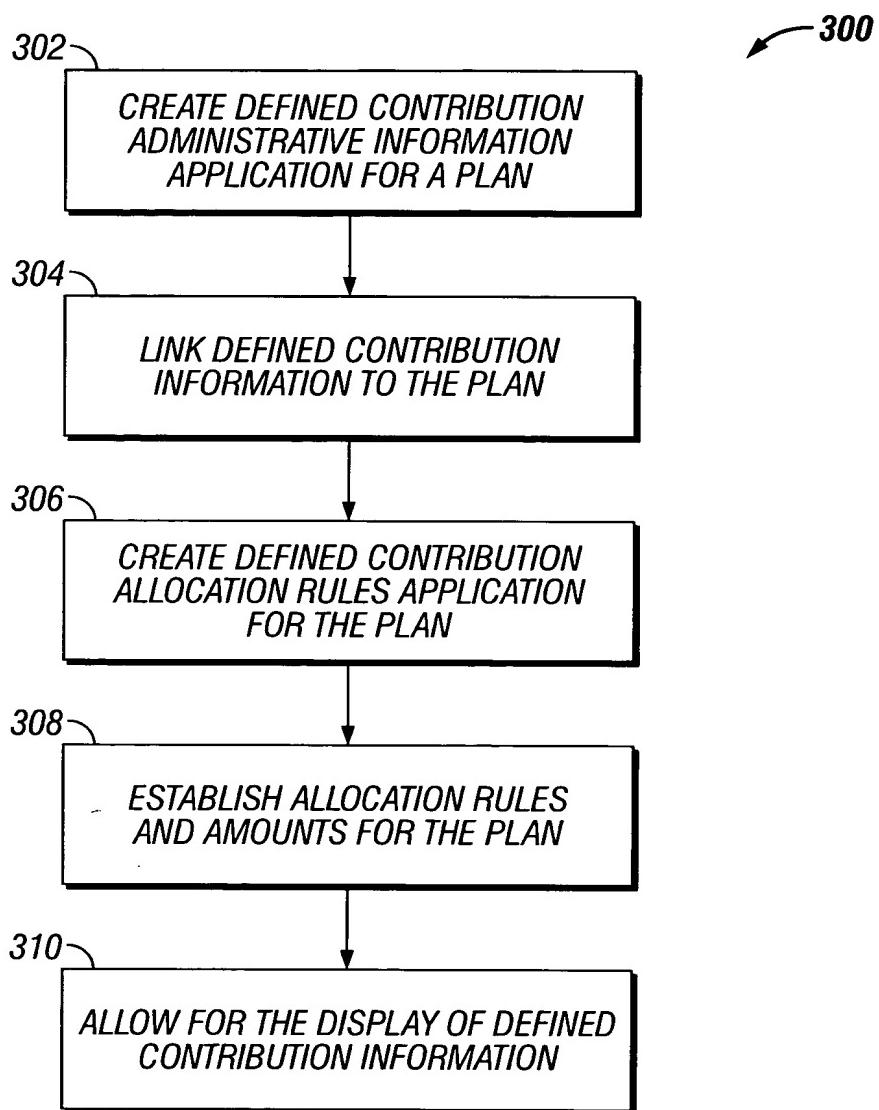


FIG. 3

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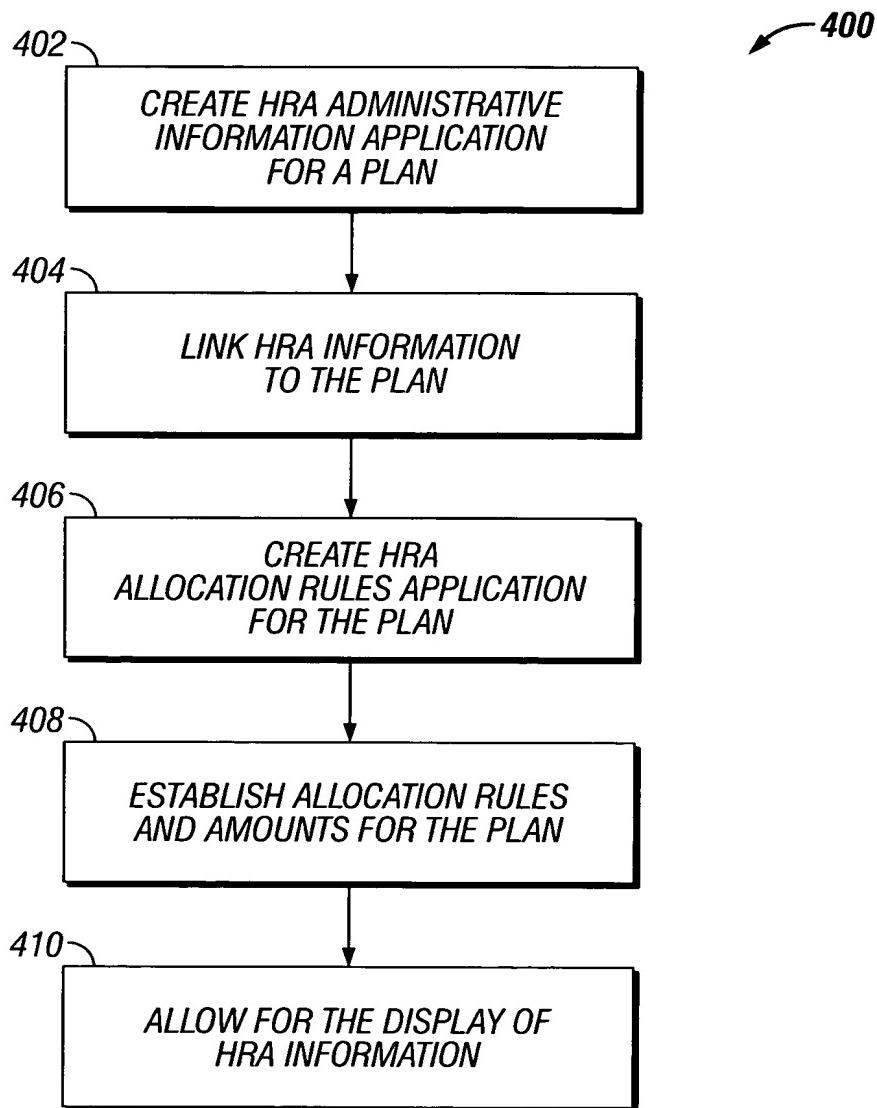


FIG. 4

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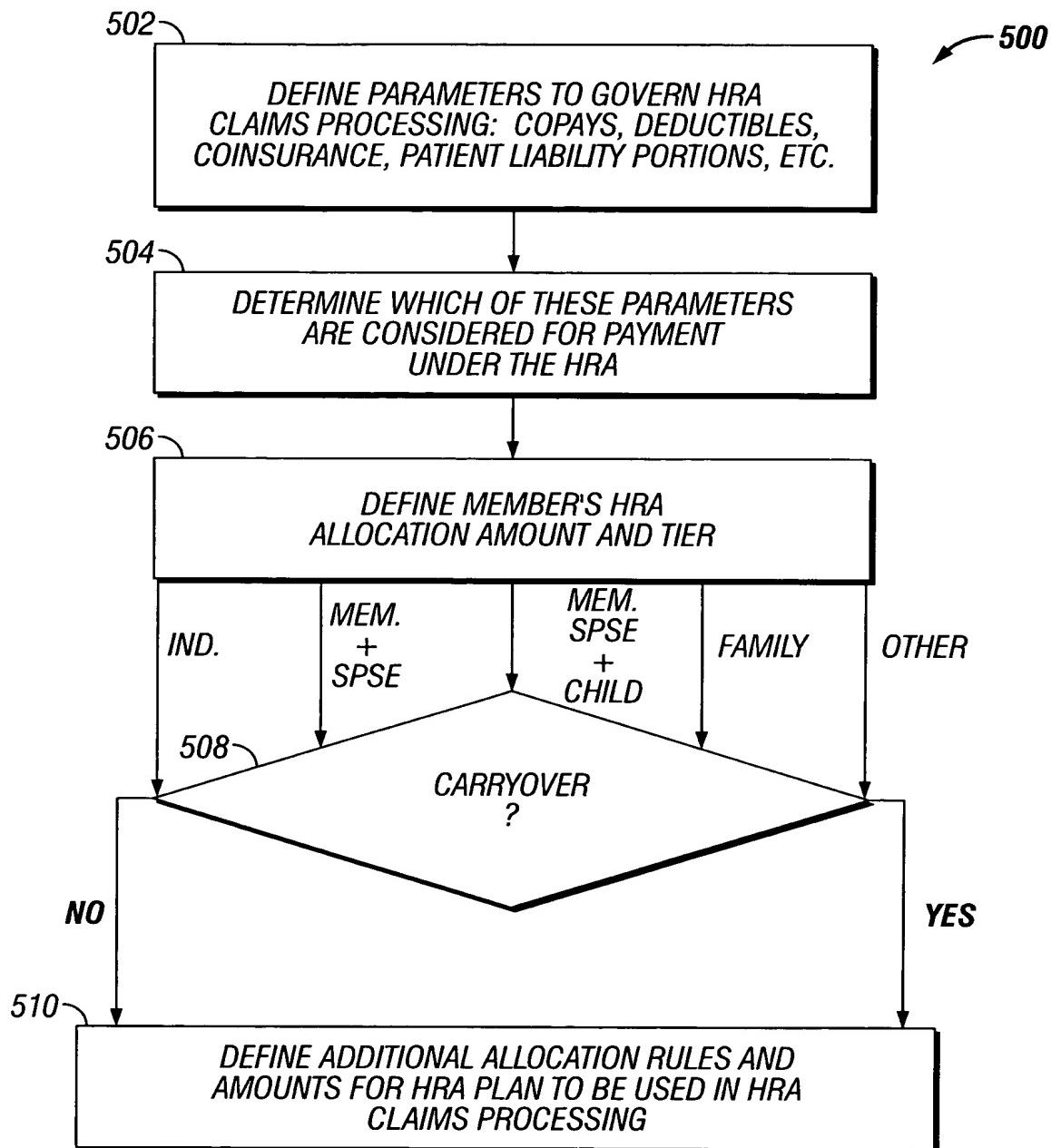


FIG. 5

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600

602

604

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622

624

EFFECTIVE DATE

TERMINATION DATE

HRA/FSA PROCESSING ORDER

REIMBURSABLE EXPENSES

DEDUCTIBLE

COPAY

COINSURANCE

PATIENT LIABILITY DISALLOW

DISALLOW EXPLANATION CODE

COB CALCULATION INDICATOR

HRA ALLOCATION TABLE PREFIX

SHOW DETAILS

LINE OF BUSINESS ID

ACCUMULATOR SUFFIX

COVERED PERCENTAGE

PROCESS HRA CLAIMS FIRST

OK

CANCEL

HELP

NONE

0.00

X

6/15

FIG. 6A

7/15

FILE EDIT WINDOW HELP	
APPLICATIONS OPEN WORK	
<input checked="" type="checkbox"/> HRA ALLOCATION RULES	<input type="checkbox"/> UNASSIGNED
<input type="checkbox"/> UNASSIGNED	<input type="checkbox"/> INDICATIVE
<input type="checkbox"/> HRA ALLOCATION RULES - UNASSIGNED	
HRA ALLOCATION RULES - UNASSIGNED	
<input checked="" type="checkbox"/>	
PREFIX UNASSIGNED	
PREFIX DESCRIPTION	
EFFECTIVE DATE TERMINATION DATE	
654	
ALLOCATION METHOD [1=INDIVIDUAL, 2=SUB/SPOUSE, 3=SUB OR SPOUSE+1 CHILD, 4=FAMILY]	
CARRYOVER CALCULATION [NO CARRYOVER]	
656	
660	
662	
FAMILY LEVEL	
INDIVIDUAL SUB/SPOUSE & 1 CHILD FAMILY	
ALLOCATION \$0.00 \$0.00 \$0.00	
MAXIMUM CARRYOVER \$0.00 \$0.00 \$0.00	
DEDUCTIBLE \$0.00 \$0.00 \$0.00	
668	
MEMBER LEVEL	
ALLOCATION \$999,999.99	
MAXIMUM CARRYOVER \$0.00	
DEDUCTIBLE \$999,999.99	
670	
RELATED INFORMATION	
FIND <input type="checkbox"/>	
FACETS UNSBFABAGP400 UNHDS1200_01	
650	

FIG. 6B

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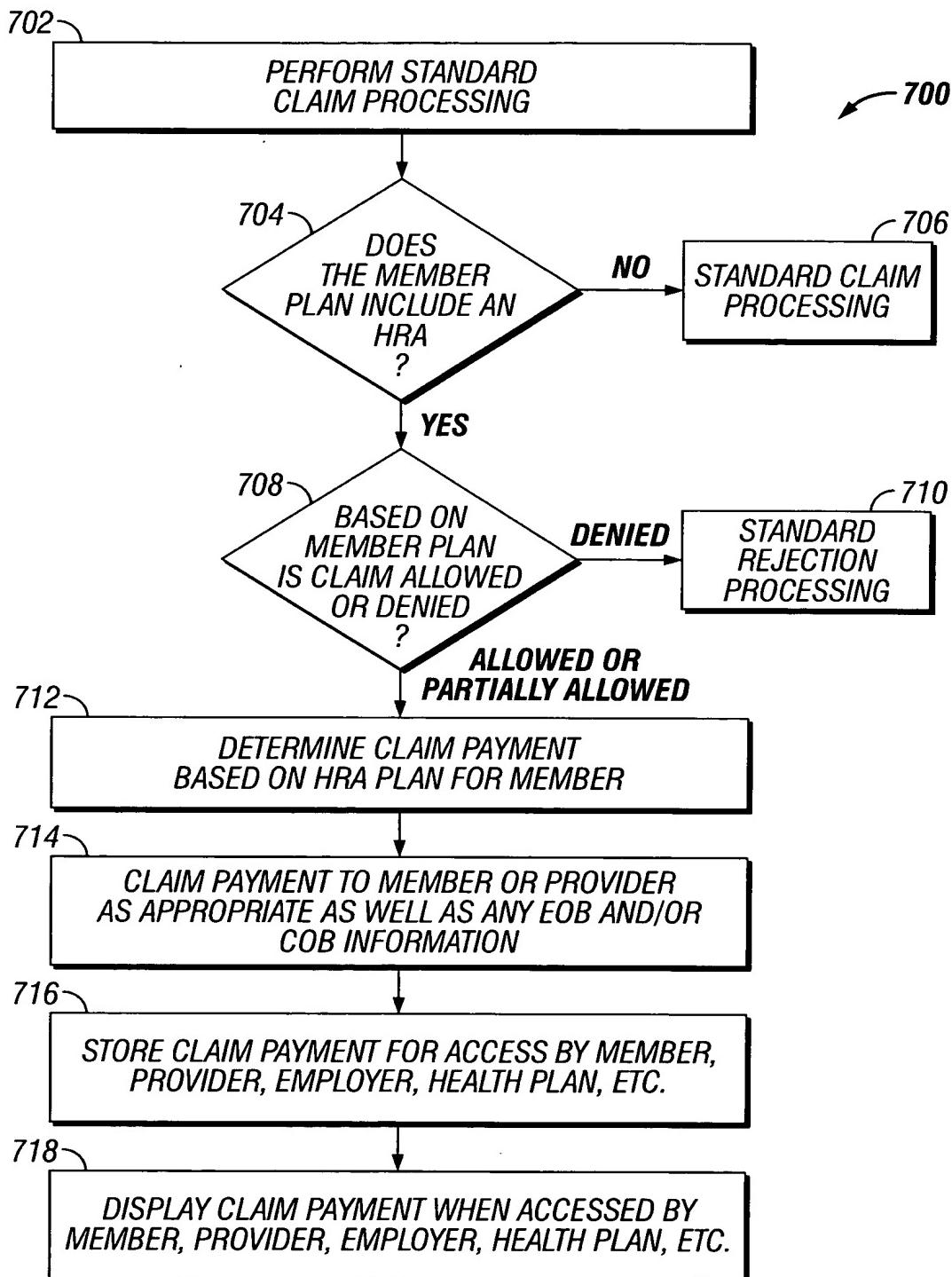


FIG. 7

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800 ↪

APPLICATIONS		MEDICAL CLAIMS PROCESSING - UNASSIGNED																																																																																																																																																																																				
<input type="checkbox"/> MEDICAL CLAIMS PROCESSING <input type="checkbox"/> UNASSIGNED <input type="checkbox"/> INDICATIVE <input type="checkbox"/> LINE ITEMS <input type="checkbox"/> NOTES <input type="checkbox"/> ATTACHMENTS		<table border="1"> <thead> <tr> <th>CLAIM ID</th> <th>PROVIDER ID</th> <th>STATUS</th> <th>NEXT REV DATE</th> <th>PAYEE</th> </tr> <tr> <td>UNASSIGNED</td> <td>UNASSIGNED</td> <td>UNASSIGNED</td> <td>UNASSIGNED</td> <td>UNASSIGNED</td> </tr> </thead> <tbody> <tr> <td>TOTAL CHARGE</td> <td>\$0.00</td> <td>PATIENT PAID</td> <td>\$0.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FROM</td> <td>TO</td> <td>POS</td> <td>TOS</td> <td>PROC</td> <td>DX</td> <td>CHARGES</td> <td>UNITS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>→</td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>OVERIDES</th> <th>SUB/MEM</th> <th>COB</th> <th>MATCH UM</th> <th>EOB</th> <th>SIGN/PAYEE</th> </tr> </thead> <tbody> <tr> <td>CLAIM DETAIL</td> <td>CLINICAL NOTES</td> <td>DUPPLICATE CLAIM</td> <td>LINE ITEM</td> <td>PRICE CALCULATION</td> <td>PROVIDER DETAIL</td> </tr> <tr> <td>CONSD. CHG.</td> <td>\$0.00</td> <td>DEDUCTIBLE</td> <td>\$0.00 ~ 810</td> <td>DISCOUNT AMT.</td> <td>\$0.00 ~ 818</td> </tr> <tr> <td>ALLOWED UNITS</td> <td>0</td> <td>COPAY</td> <td>\$0.00 ~ 812</td> <td>SUPP. DISCOUNT</td> <td>\$0.00 ~ 820</td> </tr> <tr> <td>ALLOWED</td> <td>\$0.00</td> <td>COINSURANCE</td> <td>\$0.00 ~ 814</td> <td>COB ADJUSTMENT</td> <td>\$0.00 ~ 822</td> </tr> <tr> <td>BENEFIT</td> <td>\$0.00</td> <td>DISALLOW</td> <td>\$0.00 ~ 816</td> <td>WITHHOLD AMT.</td> <td>\$0.00 ~ 824</td> </tr> <tr> <td>HRA PAID</td> <td>\$0.00</td> <td>804</td> <td></td> <td>PATIENT LIABILITY</td> <td>\$0.00 ~ 826</td> </tr> <tr> <td>FSA PAID</td> <td>\$0.00</td> <td>806</td> <td></td> <td>TOTAL PATIENT LIABILITY</td> <td>\$0.00 ~ 830</td> </tr> <tr> <td colspan="6">TYPE OF SERVICE</td> </tr> <tr> <td colspan="6">PLACE OF SERVICE</td> </tr> <tr> <td colspan="6">PROCEDURE</td> </tr> <tr> <td colspan="6">DIAGNOSIS</td> </tr> <tr> <td>REFERRAL NO</td> <td>REFERRAL ID</td> <td colspan="4">SOURCE NONE</td> <td>WAIVED PREAUTH NO</td> </tr> <tr> <td>PREAUTH NO</td> <td>PREAUTH ID</td> <td colspan="4"></td> <td></td> </tr> <tr> <td colspan="2">CLAIM TOTALS</td> <td>DEDUCTIBLE</td> <td colspan="4">DISCOUNT AMT.</td> </tr> <tr> <td colspan="2"></td> <td>COPAY</td> <td colspan="4">SUPP. DISCOUNT</td> </tr> <tr> <td colspan="2"></td> <td>COINSURANCE</td> <td colspan="4">COB ADJUSTMENT</td> </tr> <tr> <td colspan="2"></td> <td>DISALLOW</td> <td colspan="4">WITHHOLD AMT.</td> </tr> <tr> <td colspan="6">RELATED INFORMATION</td> <td>FIND <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="6"></td> <td>FACTS <input type="checkbox"/> UNSBFABAGP400 UNHDS1200_01</td> </tr> </tbody> </table>										CLAIM ID	PROVIDER ID	STATUS	NEXT REV DATE	PAYEE	UNASSIGNED	UNASSIGNED	UNASSIGNED	UNASSIGNED	UNASSIGNED	TOTAL CHARGE	\$0.00	PATIENT PAID	\$0.00								FROM	TO	POS	TOS	PROC	DX	CHARGES	UNITS				→											OVERIDES	SUB/MEM	COB	MATCH UM	EOB	SIGN/PAYEE	CLAIM DETAIL	CLINICAL NOTES	DUPPLICATE CLAIM	LINE ITEM	PRICE CALCULATION	PROVIDER DETAIL	CONSD. CHG.	\$0.00	DEDUCTIBLE	\$0.00 ~ 810	DISCOUNT AMT.	\$0.00 ~ 818	ALLOWED UNITS	0	COPAY	\$0.00 ~ 812	SUPP. DISCOUNT	\$0.00 ~ 820	ALLOWED	\$0.00	COINSURANCE	\$0.00 ~ 814	COB ADJUSTMENT	\$0.00 ~ 822	BENEFIT	\$0.00	DISALLOW	\$0.00 ~ 816	WITHHOLD AMT.	\$0.00 ~ 824	HRA PAID	\$0.00	804		PATIENT LIABILITY	\$0.00 ~ 826	FSA PAID	\$0.00	806		TOTAL PATIENT LIABILITY	\$0.00 ~ 830	TYPE OF SERVICE						PLACE OF SERVICE						PROCEDURE						DIAGNOSIS						REFERRAL NO	REFERRAL ID	SOURCE NONE				WAIVED PREAUTH NO	PREAUTH NO	PREAUTH ID						CLAIM TOTALS		DEDUCTIBLE	DISCOUNT AMT.						COPAY	SUPP. DISCOUNT						COINSURANCE	COB ADJUSTMENT						DISALLOW	WITHHOLD AMT.				RELATED INFORMATION						FIND <input checked="" type="checkbox"/>							FACTS <input type="checkbox"/> UNSBFABAGP400 UNHDS1200_01
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FIG. 8

10/15

900 ↙

APPLICATIONS OPEN WORK					
<input type="checkbox"/> CLAIMS INQUIRY <input type="checkbox"/> FILTERS <input type="checkbox"/> ACTIONS <input type="checkbox"/> VIEW <input type="checkbox"/> TRANSFER <input type="checkbox"/> WINDOW <input type="checkbox"/> HELP					
<input type="checkbox"/> CLAIMS INQUIRY: MEDICAL - ALL <input checked="" type="checkbox"/>					
SEARCH PARAMETERS SUBSCRIBER ID/SFX PROVIDER ID ROWS DISPLAYED N/A 0					
MEMBER	PROVIDER	BEGIN	CHARGES	PAID AMOUNT	STATUS
<small>CLINICAL EDITS COB/DISALLOWED AMOUNTS/EDI INFORMATION/FSA INFORMATION/HOSPITAL INFORMATION/[ITS CLAIM] ▶ ▷</small>					
FROM	TO	POS	TOS	PROCEDURE	DIAGNOSIS
CLAIM CONSIDERED AMOUNT ~ 902 PAID AMOUNT ~ 904 TOTAL FAMILY ALLOCATION ~ 906 FAMILY PAID TO DATE ~ 908 ~ 910 FAMILY HRA DEDUCTIBLE AMOUNT ~ 910 FAMILY HRA DEDUCTIBLE SATISFIED TO DATE ~ 912 TOTAL MEMBER ALLOCATION ~ 914 MEMBER PAID TO DATE ~ 916 ~ 918 MEMBER HRA DEDUCTIBLE AMOUNT ~ 920 MEMBER HRA DEDUCTIBLE SATISFIED TO DATE ~ 920 LINE ITEM CONSIDERED AMOUNT ~ 930 NONCONSIDERED AMOUNT ~ 932 DISALLOWED AMOUNT ~ 934 EXPLANATION ~ 936 HRA PROCESS INDICATOR ~ 938 PROVIDE PAID AMOUNT ~ 940 SUBSCRIBER					
RELATED INFORMATION FIND <input checked="" type="checkbox"/>					
FACETS UNSBFABAGP400 UNHDS1200_01					

FIG. 9

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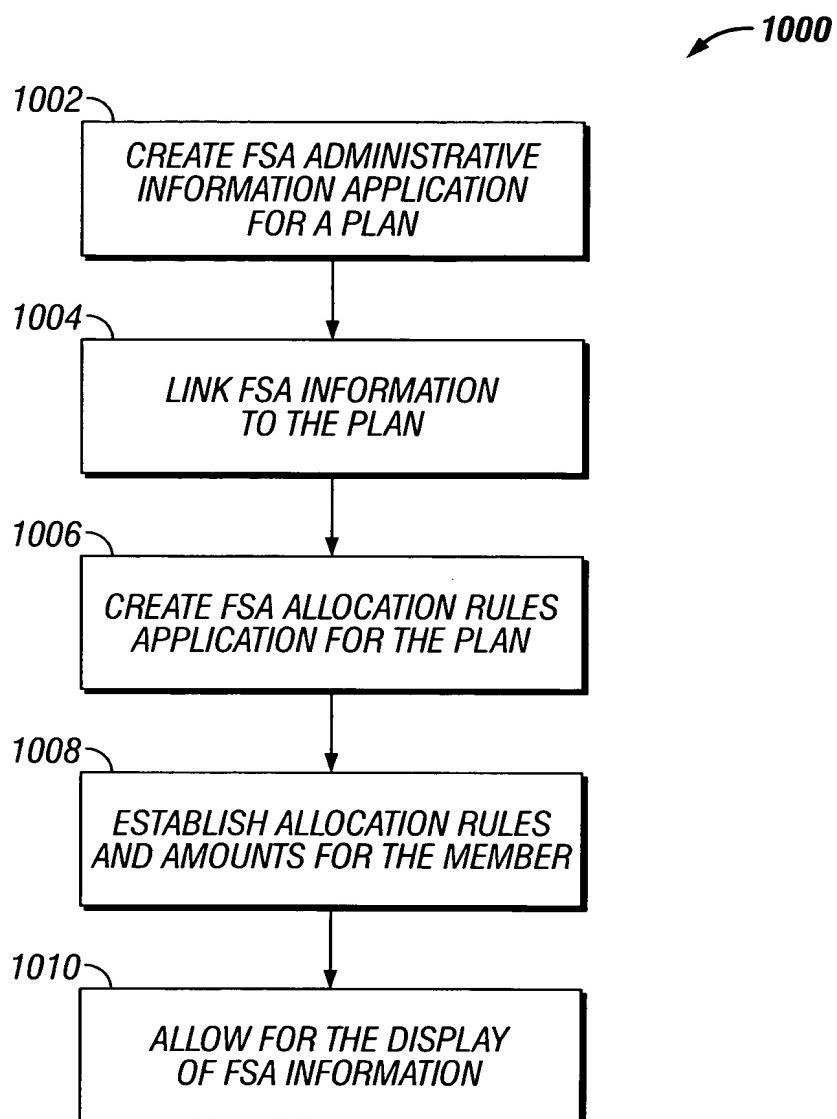


FIG. 10

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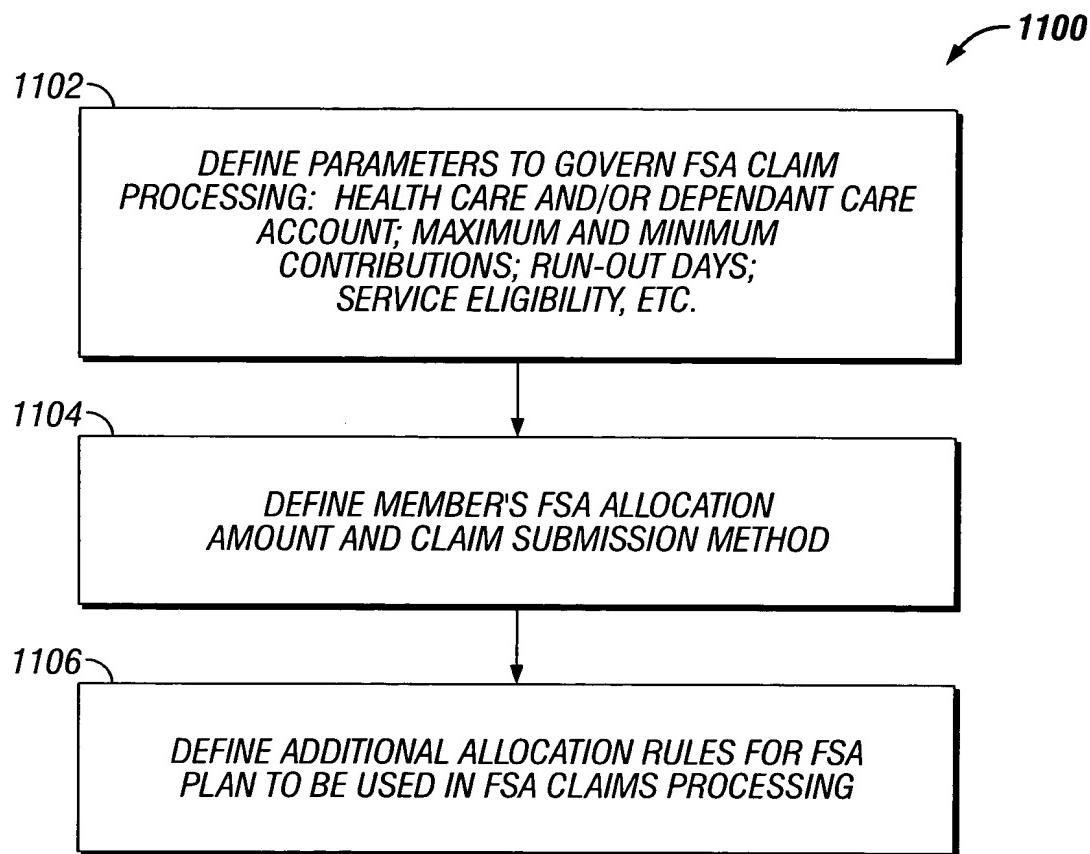


FIG. 11

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1200

1204

FSA ADMINISTRATIVE INFORMATION	
EFFECTIVE DATE	TERMINATION DATE
1202	
MINIMUM PLEDGE AMOUNT	\$0.00
MAXIMUM PLEDGE AMOUNT	\$999,999.99
RUNOUT PERIOD	0 DAYS
RUNOUT EXPLANATION CODE	1212
EMPLOYER MATCH TYPE	NO EMPLOYER MATCH
EMPLOYER MATCH AMOUNT/PERCENT	0.00
DISALLOW EXPLANATION CODE	1218
	1220
	1222
OK	
CANCEL	
HELP	

FIG. 12

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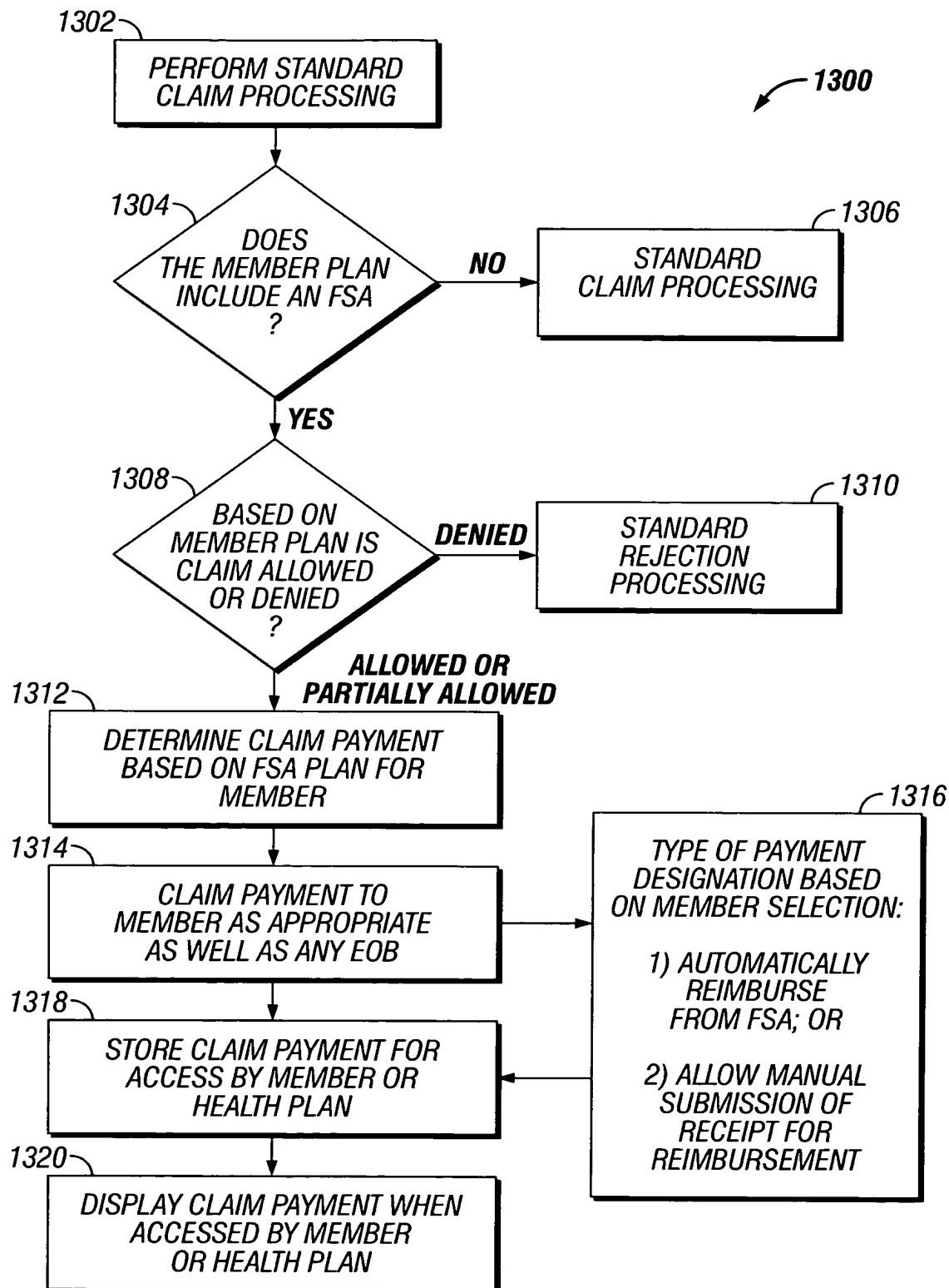


FIG. 13

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1400 ↗

FACETS - [CLAIMS INQUIRY - ALL]																																																	
FILE	FILTERS	ACTIONS	VIEW	TRANSFER	WINDOW HELP																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																												
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																												
APPLICATIONS OPEN WORK <ul style="list-style-type: none"> <input type="checkbox"/> CLAIMS INQUIRY <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> ALL <input type="checkbox"/> EOB/REMITTANCE <input type="checkbox"/> FSA 																																																	
CLAIMS INQUIRY: FSA - ALL <table border="1"> <thead> <tr> <th colspan="2">SEARCH PARAMETERS</th> <th>SUBSCRIBER ID/SFX</th> <th>PROVIDER ID</th> <th>ROWS DISPLAYED</th> </tr> <tr> <td colspan="2"></td> <td>N/A</td> <td>N/A</td> <td>0</td> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>PROVIDER</td> <td>BEGIN</td> <td>CHARGES</td> <td>PAID AMOUNT</td> </tr> <tr> <td>1402</td> <td>1404</td> <td>1406</td> <td>1408</td> <td>1410</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>1412</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>1414</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						SEARCH PARAMETERS		SUBSCRIBER ID/SFX	PROVIDER ID	ROWS DISPLAYED			N/A	N/A	0	MEMBER	PROVIDER	BEGIN	CHARGES	PAID AMOUNT	1402	1404	1406	1408	1410					1412					1414														
SEARCH PARAMETERS		SUBSCRIBER ID/SFX	PROVIDER ID	ROWS DISPLAYED																																													
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				1414																																													
CLAIM INFORMATION LINE ITEM DETAILS OVERRIDES-CLAIM OVERRIDES-LINE ITEMS REMITTANCE STATUS																																																	
<table border="1"> <thead> <tr> <th>FROM</th> <th>EXPENSE CATEGORY</th> <th>CHARGES</th> <th>BENEFIT</th> <th>DIS. EXPL.</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>1418</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FROM	EXPENSE CATEGORY	CHARGES	BENEFIT	DIS. EXPL.							1418																																
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1416 ↗ <table border="1"> <thead> <tr> <th>FROM DATE</th> <th>1420</th> <th>1422</th> <th>1424</th> </tr> </thead> <tbody> <tr> <td>TO DATE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>EXPENSE CATEGORY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>REFERENCE TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>REFERENCE NUMBER</td> <td></td> <td></td> <td></td> </tr> <tr> <td>COMMENTS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DEPENDENT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>EXPENSE AMOUNT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PAD AMOUNT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DISALLOWED AMOUNT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>EXPLANATION</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FROM DATE	1420	1422	1424	TO DATE				EXPENSE CATEGORY				REFERENCE TYPE				REFERENCE NUMBER				COMMENTS				DEPENDENT				EXPENSE AMOUNT				PAD AMOUNT				DISALLOWED AMOUNT				EXPLANATION			
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FIND <input type="checkbox"/> FACETS <input checked="" type="checkbox"/> UNSBREAGP400 <input type="checkbox"/> UNHDS1200_01																																																	

1430 ↙

FIG. 14